

Vermont TeleHealth Billing and Reimbursement

TeleHealth is defined as the delivery of healthcare services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that is HIPAA-compliant, regardless of whether the member is at a health care facility. TeleHealth does not include the use of audio-only telephone, email, or fax.

TeleHealth care services provided in real time are covered to the same extent that the services would be covered if provided through in-person consultation in Vermont. In addition, Tele-ophthalmology or tele-dermatology services may be provided by Store and Forward Technology (asynchronous telemedicine). The Distant Site health care provider must document the reason the services are being provided by Store and Forward Technology.

Distant site health care providers should bill as follows:

- The CPT procedure code for the appropriate service provided.
- Place of service 02 (Telehealth).
- Modifier 95 for services that are synchronous (real time)
- Modifier GQ for services that are asynchronous (store and forward).

Effective 10/1/18, Distant Site health care providers are reimbursed for TeleHealth services at 50% of their contracted fee schedule.

MVP will only reimburse Originating Sites for telemedicine when TeleHealth services are provided for substance use disorders and the Originating Site is a health care facility.

Originating Site should bill as follows:

- HCPCS code Q3014 is billed by the originating site
- **Effective 10/1/18**, the Originating Site will be reimbursed a flat rate of \$25.

There is no payment for the Originating Site if both the Distant and Originating providers are employed by the same entity.

Please see TeleHealth Payment Policy in Section 15 of MVPs Provider Resource Manual.

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

